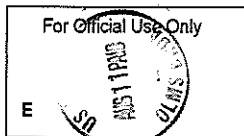


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5985</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOHN D CHURUVIA, JR. P.O. Box, Bldg., Room No., if any Street 4707 - 20TH AVE City MOLINE State Illinois ZIP Code + 4 61265	4. Name, file number, and address of labor organization. Name SHEET METAL WKS. L.U. #91 Labor Organization File Number 015-829 P.O. Box, Building and Room Number, if any Street 8124 - 42ND ST. W. City ROCK ISLAND State Illinois ZIP Code + 4 61201
5. Position in labor organization. BUSINESS MANAGER/SMWIA INTER.V.P.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>JOHN D CHURUVIA JR.</u>	On <u>08/05/2005</u> Date	<u>(309) 787-0695</u> Telephone Number

Name of Person Filing JOHN CHURUVIA, JR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name THE SEGAL COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 101 NORTH WACKER DRIVE SUITE 500</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SHEET METAL WKS. LU#91 HEALTH & WELFARE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8124 - 42ND ST. W.</p> <p>City ROCK ISLAND</p> <p>State Illinois ZIP Code + 4 61201</p>	<p>11.a. Nature of such dealing.</p> <p>ACTUARIES / CONSULTANTS HEALTH/WELFARE ANNUITY FUNDS SMW LU#91</p>
	<p>11.b. Approximate dollar value of such dealing. \$67,613</p>
	<p>12.a. Nature of interest held or income received.</p> <p>GOLF OUTTING</p>
	<p>12.b. Amount. \$127</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name COLUMBIA PARTNERS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1775 PENNSYLVANIA AVE</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>14.a. Nature of payment.</p> <p>DINNER MTG. w/ SPOUSE</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$180</p>

Name of Person Filing JOHN CHURUVIA, JR.	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name WELLS FARGO BANK</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 203 WEST 3RD</p> <p>City DAVENPORT</p> <p>State Iowa ZIP Code + 4 52801</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SHEET METAL WKS. LU #91 HEALTH & WELFARE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8124 - 42ND ST.W.</p> <p>City ROCK ISLAND</p> <p>State Illinois ZIP Code + 4 61201</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGERS HEALTH/WELFARE ANNUITY FUNDS SMW LU#91</p>
	<p>11.b. Approximate dollar value of such dealing. \$37,832</p>
	<p>12.a. Nature of interest held or income received.</p> <p>X-MAS DINNER MTG. w/ SPOUSE</p> <p>12.b. Amount. \$129</p>

Name of Person Filing JOHN CHURUVIA, JR.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WELLS FARGO BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 203 WEST 3RD

City DAVENPORT

State Iowa

ZIP Code + 4 52801

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SHEET METAL WKS. LU #91 HEALTH/WELFARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8124 - 42ND ST.

City ROCK ISLAND

State Illinois

ZIP Code + 4 61201

11.a. Nature of such dealing.

INVESTMENT MANAGERS
HEALTH/WELFARE
ANNUITY FUNDS
SMW LU#91

11.b. Approximate dollar value of such dealing.

\$37,832

12.a. Nature of interest held or income received.

GOLF TOURNEY TICKETS w/ SPOUSE

12.b. Amount.

\$140

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 WEST MONROE

City CHICAGO

State Illinois ZIP Code + 4 60603

14.a. Nature of payment.

EVENING AT THE BALL PARK (CHICAGO)

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$104

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name DALEY & GEORGE, LTD.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 20 S. CLARK SUITE 400

City CHICAGO

State Illinois ZIP Code + 4 60603

14.a. Nature of payment.

DINNER MTG. w/ SPOUSE

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$354

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.